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USPTO FACSIMILE COVER SHEET

To: Commissioner for Patents
Fax Number: (571) 273-8300
Date: October 16, 2006
Pages: 15 pages (including this cover sheet)

MESSAGE:

VIRTUALIZATION OF I/O ADAPTER RESOURCES

Application No. 09/683,275

Examiner M. Farooq

Art Unit 2182

Amendment Transmittal

Petition and Fee for Extension of Time

Amendment

DE920000090US1

(590.160)

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Amendment Transmittal

OCT 16 2006

Atty. Docket No. DE920000090US1
(590.160)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Bayer et al.
Serial No. : 09/683,275 Examiner : M. Farooq
Filed : December 6, 2001 Group Art Unit : 2182
For : VIRTUALIZATION OF I/O ADAPTER RESOURCES

HON. COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

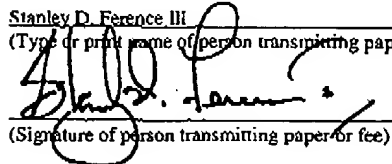
Transmitted herewith is an Amendment in the above-identified application.

1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF FACSIMILE TRANSMITTAL

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (571) 273-8300 on October 16, 2006 to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III
(Type or print name of person transmitting paper or fee)


(Signature of person transmitting paper or fee)

Page 1 of 2

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Amendment Transmittal

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Atty. Docket No. DE920000090US1
(590.160)

OCT 16 2006

5. ☐ Also enclosed: _____
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

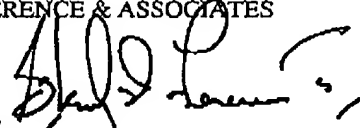
	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
				RATE	FFR	RATE	FFR
Total Claims	14	** 20	= * 0	x \$25	=	OR x \$508	=
Ind. Claims	4	*** 4	= * 0	x \$100	=	OR x \$200	=
<input type="checkbox"/> Multiple Dependent Claim Presented				+ \$180	=	OR + \$360	=
				TOTAL = \$ _____		OR	TOTAL = \$ _____

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.
- *** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$_____ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$_____ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES

By 
Stanley D. Ference III
Reg. No. 33,879

Dated: October 16, 2006

Mailing Address:

Customer No. 47049
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